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Bib Data Sheet

CONFIRMATION NO. 1217

SERIAL NUMBER 10/604,218	FILING DATE 07/01/2003 RULE	CLASS 134	GROUP ART UNIT 1746	ATTORNEY DOCKET NO. 717119.468
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APPLICANTS

Edwin O. Fick JR., Sioux City, IA;
 Kris Parker, Persia, IA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 01/21/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowances Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY IA	SHEETS DRAWING 7	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
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ADDRESS
 27128
 BLACKWELL SANDERS PEPER MARTIN LLP
 720 OLIVE STREET
 SUITE 2400
 ST. LOUIS , MO
 63101

TITLE
 METHOD FOR BACKFLUSHING INJECTOR NEEDLES

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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